

HEALTH CARE FOR ADULTS UNABLE TO CONSENT

This form is designed to conform to the requirements for obtaining surrogate consent for adults unable to consent to health care in accordance with Adult Healthcare Consent Act (hereinafter the "AHCCA"), S. C. Code Ann § 44-66-10, et seq. (Supp.2010) and DDSN Directive 535-07-DD: Obtaining Consent for Minors and Adults.

(USE BLACK INK AND WRITE LEGIBLY)

Name of Person: _____
Date: _____

I. Proposed Health Care: ☐ Non-Emergency ☐ Emergency

II. Certification of Inability to Consent

The undersigned two licensed physicians certify that he/she has examined the person and, based on independent examination, it is their professional opinion and judgment that: (Check all that apply).

- ☐ The person is unable to appreciate the nature and implications of his/her conditions and the proposed health care.
☐ The person is unable to make a reasoned decision concerning the proposed health care.
☐ The person is unable to communicate a decision concerning the proposed health care in an unambiguous manner.

The basis for this medical opinion and conclusion is supported by the following facts and observations:

- 1) The **Cause** of the person's inability to consent is: _____

- 2) The **Nature** of the person's inability to consent is: _____

- 3) The **Extent** of the individual's inability to consent is: _____

- 4) The **Probable Duration** of the individual's inability to consent is: _____

- 5) A **Delay In Application** of the proposed health care beyond the above stated time presents a substantial risk of death, impairment of functioning of a bodily organ, or other serious threat to the health and safety of the patient.
☐ Yes ☐ No

I, the undersigned, hereby state that I am a licensed physician and have personally examined the above named person and, based on my observations and conclusions as stated above, believe that the person is unable to consent to the proposed health care and is in need of a surrogate that can make health decisions in the best interest of this person.

First Physician: _____ Second Physician: _____

Date of Exam: _____ Date of Exam: _____

Additional Observations/Impressions: _____

III. Surrogate Selection

- 1) Court Appointed Guardian: _____
(Attach court papers)
- 2) Durable Power of Attorney: _____
(Attach legal papers)
- 3) Other Statutory Provision: _____
(Attach documents verifying authority)
- 4) Spouse: _____
- 5) Parent or Adult Child: _____
- 6) Adult sibling, Grandchild, or Grandparent: _____
- 7) Relative by blood or marriage who reasonably is believed to have a close personal relationship with person
unable to consent: _____
- 8) Person given authority by other statutory provision: _____

Surrogate Information

Full Name: _____

Address: _____

Phone Number: _____